

**State of Connecticut**  
**Department of Children and Families**  
**505 Hudson Street**  
**Hartford, Connecticut 06106**

Name of Case:		Link #:
DCF Area Office:	Date of Motion:	Date of Scheduled Hearing:
Number of Prior Continuances Requested ( <i>by this requester</i> ):	<b>Removal/Placement Issue/License Revocation Hearings:</b> Is child(ren) still in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason(s) for Continuance Request: ("*X*" reason and provide explanation in space below)

- |   |   |
|---|---|
| <input type="checkbox"/> Counsel Not Ready            | <input type="checkbox"/> Counsel Not Available            |
| <input type="checkbox"/> Counsel Not Yet Retained:    | <input type="checkbox"/> Informal Mediation Discussions   |
| <input type="checkbox"/> Party Not Available          | <input type="checkbox"/> Social Worker Not Available      |
| <input type="checkbox"/> Expert Witness Not Available | <input type="checkbox"/> Lay Witness Not Available        |
| <input type="checkbox"/> Outstanding Records Request  | <input type="checkbox"/> Independent Evaluation Requested |
| <input type="checkbox"/> Work Schedule Conflict       | <input type="checkbox"/> Other                            |

Explanation: (*Must detail reason(s) for Continuance Request*)

For the above reason(s) I hereby request this case be continued to a date subsequent to (*earliest date Requester is available for*): Preferred day of week and/or time:

**I hereby agree to be responsible for notifying my client and all counsel of record and pro se parties whether the continuance is granted or denied.** If granted, the AHU will send a Notice of Rescheduled Hearing within two weeks.

I have contacted all counsel and pro se parties of record regarding my intention to seek a continuance.

ALL SUCH COUNSEL AND PRO SE PARTIES:

☐ **CONSENT** ☐ **DO NOT CONSENT** TO THE MOTION FOR CONTINUANCE.

Please Note: Agreement to continue a matter does not assure that the motion for continuance will be granted.

I hereby certify that a copy of this motion was mailed/delivered to all counsel and pro se parties of record on the date shown at right. A sheet is attached listing the contact information for each party served.

Date copies mailed/delivered:

Signed (*person making motion*)

Name of Attorney/Pro Se Party/Agency Representative  
(*print or type*)

Person making Motion is

☐ DCF Representative ☐ Appellant (Pro Se) ☐ Attorney for Appellant ☐ Attorney for Child ☐ Other:

Address

Phone Number (*with area code*)

ORDER

Motion for Continuance is:

☐ GRANTED ☐ DENIED

Signed (*AHU Representative*)

Date

Please **fax** request to:

Department of Children and Families  
Administrative Hearings Unit  
505 Hudson Street  
Hartford, CT 06106

**Fax Number: (860) 560-5001**

**Party Contact Information**

<b>Appellant</b> <i>(list name)</i>	<b>Department Representative</b> <i>(list name)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>
<b>Attorney for Appellant</b> <i>(list name)</i>	<b>Attorney for Child</b> <i>(list name)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>
<b>Attorney</b> <i>(list name)</i> <i>(Specify for which Party)</i>	<b>Attorney</b> <i>(list name)</i> <i>(Specify for which Party)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>
<b>Other</b> <i>(list name)</i> <i>(Specify role in hearing)</i>	<b>Other</b> <i>(list name)</i> <i>(Specify role in hearing)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>